

Great Lakes Fisheries Leadership Institute
Indication of Interest Form



Please check one of the following statements:

- ☐ **Our organization is interested in receiving more information about the Great Lakes Fisheries Leadership Institute. Please send a nomination packet for our review.**
- ☐ **Our organization is not interested in receiving more information about the Great Lakes Fisheries Leadership Institute. Please send no further correspondence.**

Please complete the following section only if the first statement was checked above:

Organization _____

Primary Contact Person _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____

Please inform us of others whom you feel should receive correspondence on the Great Lakes Fisheries Leadership Institute (attach additional sheets if necessary):

Organization _____

Primary Contact Person _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____

Organization _____

Primary Contact Person _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____